

# State of Iowa Point in Time Homeless Count

# Use this page for EMERGENCY SHELTER ONLY

Complete on: January 30, 2008

Agency Name: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Part 1: Homeless Population on 1/30/2008		EMERGENCY SHELTER Total Count
1	Number of <b>Households</b> WITH Dependent Children:	
2	Total Number of <b>People</b> in Households WITH Children	
3	Number of <b>Households</b> WITHOUT Dependent Children	
4	Total Number of <b>People</b> in Households WITHOUT Children	
5	Number of <b>Single People</b>	
<b>TOTAL PEOPLE</b> (Add lines 2, 4 and 5.)		

Part 3: Housing Need - Type of program needed to best help the clients who are in emergency shelter (ES) end their homelessness:		
Total people currently in ES who only need ES		Total people currently in ES who need TH
	+	
	+	
	+	
	+	

Part 2: Homeless Subpopulations (Count adults only, except item 7)	Subpopulation Count
1 Chronically Homeless	
2 Severely Mentally Ill	
3 Chronic Substance Abuse	
4 Veterans	
5 Persons with HIV/AIDS	
6 Victims of Domestic Violence	
7 Unaccompanied Youth (under 18)	

**If your program issues emergency vouchers for hotel or motel:**

Please report your count of clients using vouchers separate from the count of clients in your shelter.

If this sheet represents clients using vouchers, check here: \_\_\_\_\_

Please submit this form to your local CoC or contact.

If you have no local contact, please fax this form to Iowa Institute for Community Alliances (IICA) at 515-246-6637.

Local CoCs: Please fax all individual agency forms and your final count to IICA at 515-246-6637 by 2/8/2008.

# State of Iowa Point in Time Homeless Count

Complete on: January 30, 2008

## Use this page for TRANSITIONAL HOUSING ONLY

Agency Name: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Part 1: Homeless Population on 1/30/2008		TRANSITIONAL HOUSING Count
1	Number of <b>Households</b> WITH Dependent Children:	
2	Total Number of <b>People</b> in Households WITH Children	
3	Number of <b>Households</b> WITHOUT Dependent Children	
4	Total Number of <b>People</b> in Households WITHOUT Children	
5	Number of <b>Single People</b>	
<b>TOTAL PEOPLE</b> (Add lines 2, 4 and 5.)		

Part 3: Housing Need - Type of program needed to best help the clients who are in transitional housing (TH) end their homelessness:		
Total people currently in TH who only need TH		Total people currently in TH who need PSH
	+	
	+	
	+	
	+	

Part 2: Homeless Subpopulations (Count adults only, except item 7)		Subpopulation Count
1	Chronically Homeless	N/A
2	Severely Mentally Ill	
3	Chronic Substance Abuse	
4	Veterans	
5	Persons with HIV/AIDS	
6	Victims of Domestic Violence	
7	Unaccompanied Youth (under 18)	

This item does not apply to TH.

Please submit this form to your local CoC or contact.

If you have no local contact, please fax this form to Iowa Institute for Community Alliances (IICA) at 515-246-6637.

Local CoCs: Please fax all individual agency forms and your final count to IICA at 515-246-6637 by 2/8/2008.

## State of Iowa Point in Time Homeless Count Instructions

1. Complete your count on January 30, 2008. Use the numbers collected on that date to complete your forms.
2. There is a separate sheet for emergency shelter and transitional housing programs. Use the correct form for your program.
3. Fill in your agency name and contact information at the top of the sheet.
4. Submit completed forms to your local CoC or contact. If you have no local contact fax forms to IICA at 515-246-6637.
5. If you have questions about how to complete these forms, contact Eileen Mitchell at IICA at 515-246-6643.

If you **use ServicePoint**: You will print your reports in ART, and the Emergency Shelter Count or Transitional Housing Count columns will be filled in based on your ServicePoint data. Verify that your ServicePoint counts are correct and fill in the remaining cells.

If you **are not on ServicePoint**: Please fill in all non-shaded cells.

### Part 1:

On line 1, fill in the total **number of families** who were in your shelter on 1/30/08. A family is defined as a household with dependent children.

On line 2, fill in the total number of **people in the families** from line 1.

On line 3, fill in the number of **households that did not contain dependent children** who were in your shelter on 1/30/08. This includes couples with no children and parents with only adult children.

On line 4, fill in the total number of **people in the households** from line 3.

On line 5, fill in the total number of **single people** who were in your shelter on 1/30/2008.

### Part 2:

On line 1, fill in the total number of single adults from line 5 of Part 1 who meet the definition of chronically homeless. See the definition below.

On line 2, fill in total number of adults from Part 1 who have serious mental illness.

On line 3, fill in the total number of adults from Part 1 who have a chronic substance abuse issue.

On line 4, fill in the total number of adults from Part 1 who are U.S. Military Veterans.

On line 5, fill in the total number of adults from Part 1 who have HIV/AIDS.

On line 6, fill in the total number of adults from Part 1 who have experienced domestic violence.

On line 7, fill in the total number of single youth and single parents who are under 18 years old.

**Part 3:** In part 3, fill in the housing need of each person from part 1. For each line in part 3, the part 3 columns should add up to the total count in part 1.

This can be determined either on a client-by-client basis, or you may estimate that a certain percentage of clients will need each type of shelter and apply that percentage to your total count to determine the total for each type of housing need.

**ES:** Determine how many of the people currently in ES will only need ES to end their homelessness, how many need TH to end their homelessness, and how many need PSH to end their homelessness. Fill in the number of people in each column. The 3 columns should add up to the total count from part 1.

**TH:** Determine how many of the people currently in TH will only need TH to end their homelessness, and how many need PSH to end their homelessness. Fill in the number of people in each column. The 2 columns should add up to the total count from part 1.

### HUD's definition of chronically homeless:

An **unaccompanied** homeless individual, with a **disabling condition**, who has been EITHER continuously **homeless for a year or more** OR had at least **four (4) episodes of homelessness in the past three (3) years**.

The individual must have been on the streets or in an emergency shelter (not transitional housing) during these episodes.